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SEAFORD URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

YEAR ENDED - 31st DECEMBER, 1952

Public Health Department,
Lewes House,
LEWES.

September, 1953.

PUBLIC HEALTH DEPARTMENT,
LEWES HOUSE,
LEWES.

September, 1953.

To the Chairman and Members of the
Seaford Public Health Committee.

Mr.Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Seaford for the year 1952.

The estimated population of Seaford for the year 1952 was 10,340 which is but 90 less than the highest population recorded for the town, which was 10,430 for the year 1949. In 1945 the figure was given as 8,334.

The increase of a population is achieved by an excess of births over deaths and by the excess of immigrants into an area over the emigrants who leave it. In recent years, from 1945 onwards, the gain in population in Seaford has been effected by the latter rather than the former as the excess of births over deaths from 1945 to 1952 has played the minor part in the population's increase in that time. The major factor has been the excess of people who immigrated into the town over those who left it.

The growth of Seaford can also be illustrated by the census population figures from 1901 onwards. In that year the census population was 3,355. An increase of about 1,400 was revealed by the figure for 1911 which was 4,787. In 1921 it was 6,989 or a little over a 2,000 increase and in 1931 it was 7,300 with an increase of about 300. In 1951 the census figure was 9,023 and with about a 1,700 increase over the 1931 figure. In all these periods the growth was mainly due to an excess of immigrants over emigrants.

The crude birth rate for 1952 was a low one of 9.19 per 1,000 population. In the years 1949 to 1952 the annual birth rates were lower than the annual death rates whereas from 1944 to 1948 they were higher. This is explained by the fact that birth rates at the end and in a short number of years after a war period are high and then decline,whilst the death rates with some slight variations remain much the same.

The causes of the declining birth rate from 1949 onwards were mainly the high cost of living and the lack of housing accommodation. Family limitation has been prompted by the recognition that the standard of living is determined more by family size than by actual income. Moreover, people have adopted the view that it is better to have a few better dressed and better educated children than to have more less well clothed and less well educated. This view is not necessarily selfish, for when the future is uncertain such an attitude can be truly altruistic. This rationalistic view towards parentage is but part of the modern attitude towards things in general. The lack of housing accommodation has prevented many an engaged couple from marrying, whilst young married people living with in-laws or with others in the limited accommodation of sub-let rooms have either no family at all or have rarely more than one child. As a great proportion of people who have come to reside in Seaford year by year have raised their families elsewhere this has had an effect on Seaford's birth rate. As the crude birth rate of an area with a larger proportion of the middle aged and elderly and a smaller proportion of young adults would appear at a disadvantage when compared with the birth rate where the conditions are the reverse an area comparability factor is applied to the crude rate. In the case of Seaford this factor is 1.28 and the resultant comparable birth rate is 11.76 per 1,000 population. The birth rate for England and Wales for 1952 was 15.3 per 1,000 population.

Seaford's crude death rate for 1952 was 13.93 per 1,000 population. The usual triad of heart disease, vascular lesions of the nervous system and cancer was responsible for 103 or over 90 per cent of the total 114 deaths. Deaths from heart disease in Seaford have been mounting steadily during the last thirty years. Though some of this increase has been due to the alteration in systems of recording the explanation of the bulk of the increase is the direct result of the increase in longevity. The longer people live the more prone they are to heart disease. Vascular lesions of the central nervous system include cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis, and other cerebral effusions. Deaths from these have increased materially from about twenty years ago.

Here again, the explanation of the increase is that people are living to greater ages when they are more prone to those lesions. The rush and worry of modern life and the increased complexity of living conditions may have some influence in increasing the mortality. Since the vast majority of instances of cancer occur in individuals in the second half of life it would be expected that the total number of individuals dying from cancer would increase as the life expectancy of the population rose. This has been the case in Seaford. Thirty years ago cancer took precedence over heart disease as a cause of death. That it now takes second or third place to heart disease is because more individuals are living to reach greater ages and many having escaped cancer live on to the seventies or over to a fatal termination by heart disease or some other disease usually associated with old age. It is true that there are some deaths from cancer at very advanced ages but most occur at earlier ages than those when heart disease is the cause of death.

The average age at death in Seaford in 1952 was 74 years and this is what one would expect as the great bulk of the deaths were due to causes associated with advanced years.

A comparability factor 0.8 is applied to Seaford's crude death rate for the year for the same reason as it has been explained that a comparability factor was applied to the crude birth rate. The resultant comparable death rate is 11.14 per 1,000 population. The death rate for England and Wales for 1952 was 11.30.

There were no deaths of Seaford mothers in or in consequence of childbirth during the year. Only two maternal deaths have been recorded for Seaford during the last eight years. The average annual maternal mortality for that period was 0.25 per 1,000 live and still births whilst that for England and Wales for the same period was 0.98. The low rate for Seaford is a tribute to the high degree of obstetrical skill of all those responsible for the management of pregnancy, and childbirth where Seaford mothers were concerned.

The Infantile Mortality Rate for Seaford for 1952 was 10.53 per 1,000 live births. This is much less than half the rate for England and Wales, which was 27.6 for the same year. The average annual Infantile Mortality Rate for Seaford for the last eight years was 25.46 as against

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35.37 for the country as a whole. This rate, which is based upon the number of deaths of children under one year and the number of related births, is a very sensitive index of social conditions of an area and from the comparisons mentioned Seaford is shown in a very favourable light.

The tuberculosis death rate for Seaford for the year under review was 0.19 per 1,000 population which is about three quarters of that (0.24) for England and Wales. For the last five years the average annual death rate was 0.27 for the Seaford area as against 0.37 for the country as a whole. During the last few years there has been a dramatic reduction in tuberculosis mortality and it appears that this disease is on the way out. New methods of treatment,radiography and earlier ascertainment of cases have been responsible for the rapid decline in the number of deaths. The increased consumption of pasteurised milk and the improved nutrition of the general community have also helped.

In July 1952 a total of 731 persons submitted themselves to mass miniature radiography in Seaford. None were found to have active pulmonary tuberculosis whilst 20 were found to have inactive pulmonary tuberculosis. No school children under 15 years of age were X-rayed and about ten per cent of the possible total who could attend submitted themselves for examination. Ten per cent is not a very high percentage and it is to be hoped that a larger number will be present for examination when the mass miniature radiography unit again visits the town. By finding and detecting early cases of pulmonary tuberculosis, which can be found by X-ray, much can be done to cure the disease. Active cases can be referred for cure and close observation instituted where inactive cases are found so that treatment can be given at the earliest possible time.

In recent years there have been no deaths of notified infectious diseases cases in Seaford and the year 1952 is no exception. This state of affairs has been brought about by modern methods of immunisation and treatment and improvement in environmental conditions. Although one of the most satisfactory features of modern medicine has been the virtual control of many of the communicable diseases preventive measures must still be carried on. The achievement of banishing diphtheria must be kept up and this means continuing immunisation against the disease to

give one example. Isolation of infectious diseases cases and the quarantine of contacts are still needed. Dysentery and food poisoning still have to be watched for and immediate public health measures to prevent their spread undertaken. Virus diseases such as poliomyelitis still lurk around the corner and a public health department must always be ready to deal with any outbreak. The price of safety is eternal vigilance.

There were few notified cases of infectious diseases recorded during the year. In all there were twenty-two. Scarlet fever cases, seven in number, were all mild. This disease is but a shadow of its former self as its virulence has diminished. No case of diphtheria has occurred in Seaford for seven years. This is a tribute to the efficacy of immunisation. Notified cases of measles numbered seven. All made uneventful recoveries.

Fifteen cases of pulmonary tuberculosis and two cases of non-pulmonary tuberculosis were notified during the year. As in past years Seaford was chosen in 1952 for recuperation of tuberculous patients. In the year eight of the notified cases came from elsewhere. Some were sent to a convalescent home in the town, others came to live in Seaford to gain benefit from the climate.

The problem of housing still remained in Seaford in 1952 and at the end of the year there were 331 applicants on the housing list, which did not include 50 families in temporary accommodation. There appears to be no early solution to the problem and there will not be until private enterprise is allowed a freer hand to build and the price of building is reduced. As new houses are costly at present it is unlikely that many of the applicants on the housing list will buy a new house. Most existing houses for sale are dear and beyond the means of many people to purchase. There are other angles to the matter. One is that it is more convenient to rent a Council house and have repairs carried out by the Council.

Bacteriological examinations of samples taken from the main water supply during the year revealed that the water was always of a very high standard of purity. Milk samples taken and submitted for biological examinations were found to be negative for tuberculosis infection. Most of the milk supplied in Seaford is pasteurised. On testing it was

found that the pasteurisation was satisfactory. All food premises in the town were frequently inspected during the year and found to be satisfactory for cleanliness.

Seaford, situated on the South Coast between Eastbourne on the east and Newhaven on the west, has many advantages as a holiday resort and as a residential area. The gently curving coast from Newhaven to the north looks towards the south-west. The town is protected from the north and from the east by the South Downs. The ground rises by an easy slope on the north from sea level to 300 feet.

The subsoil on which Seaford rests is the upper chalk of the upper Cretaceous formation, while scattered through the district are found pockets of valley gravel, Woolwich and Reading beds of the lower Eocene formation with clay and flints.

Seaford possesses an ideal climate. The air is pure and free from solid particles and irritating gases. The daily average hours of sunshine is high and the clear atmosphere allows uninterrupted passage of the sun's rays. The temperature is equable and there are but small variations between day and night temperatures. Relative humidity is agreeable. Rainfall is light.

The climate is such that mental and physical refreshment is speedily gained through a stay in this quiet and salubrious resort and recovery made from the strains of overwork. Functional disturbances of health in middle life which when neglected lead to serious diseases of the lungs, heart, circulation or kidneys, are rapidly allayed. The climate particularly suits delicate children, who thrive in it. Catarrhs of the respiratory tract usually take a turn for the better.

Many people who first discovered the remarkable bracing climate of Seaford whilst on holiday have ultimately taken up residence in the town. It is a place par excellence to retire to. Besides the health giving air there are many things to interest such as the sea traffic which can be seen on the Channel, fishing, boating and walks on the Downs. The bathing is good.

The town itself is well laid out with clean well kept streets, clean well conducted shops and for the most part attractive and well built residences.

The healthy of all ages add to their store of health through holidaying in the town or residing permanently in it. The run down and jaded experience repair of wear and tear and convalescents gain rapid recoveries with lasting benefits.

Testimonies to Seaford's tonic air are numerous and are freely expressed by residents, visitors and by those who, previously ailing, recovered their health and strength through the beneficence of Seaford's wonderful climate.

Vital statistics over many years show that there is very little disease amongst the community, the death rate is low and the majority of the population live to exceptionally high ages.

At the beginning of this preface it was stated that people came to Seaford to make their home for many good reasons. Climatically Seaford is ideal for the retired and semi-retired. It is also an ideal place in which to bring children up. Successive Annual Health Reports show that the town is a very healthy one and there is a high standard of public health. In general there is a remarkable freedom from serious outbreaks of infections and the majority of the inhabitants of the town live to above the allotted span. The year 1952 has shown that the high reputation for healthiness has been more than upheld.

In conclusion I have to thank members of the Health Committee for their encouragement and helpfulness throughout the year. My best thanks are given to other officials for their help and courtesy. Lastly, I must express my thanks to Mr.Smith for his loyal co-operation at all times.

I am,Mr.Chairman,Ladies and Gentlemen,
Your obedient servant,

G.M.DAVIDSON LOBBAN,
M.B.,Ch.B., D.P.H.

Medical Officer of Health.

SECTION I

Statistics of the Area - 1952

Area (in acres)	4,274
Population (estimated)	10,340
Rateable Value (1st April,1952)	£128,709
Sum represented by a penny rate	£526.13.11d.

Extracts from Vital Statistics

LIVE BIRTHS.	Male	Female	Total	Rate per 1,000 population
Legitimate	55	37	92	
Illegitimate	1	2	3	
			95	9.19
DEATHS	62	82	144	13.93
				Rate per 1,000 Live and Still Births
Number of women dying in, or in consequence of, childbirth.	-	0	0	0.00
				Rate per 1,000 Live Births
Infantile Mortality (deaths under 1 year of age)	-	1	1	10.53

POPULATION

The Registrar-General's estimate of the population is 10,340. The population and vital indices of Seaford for the last 12 years are as follows:-

Year	Population	Vital Index	Year	Population	Vital Index
1941	4,989	80.89	1947	8,951	140.77
1942	5.055	62.26	1948	9,730	111.30
1943	4,822	97.84	1949	10.260	79.17
1944	5,231	117.74	1950	10.430	74.01
1945	6,450	137.50	1951	10.110	74.07
1946	8,334	175.82	1952	10.340	65.97

The estimated population figure of 10,340 recorded for mid-1952 shews an increase of 230 on the comparative figure for the previous year. In my annual report for 1951 it was pointed out that the drop of 320 in the estimated population for that year, as compared to the figure for the preceding year, was probably due to an adjustment in the Registrar-General's estimate rather than to an actual decrease in population during the year then being reviewed. The increase in population shewn this year supports the view then expressed, and it would appear probable that the estimated population figure of 10,340 now given by the Registrar-General is nearer to the true population figure than that given in last

year's report.

The vital index shewn in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition and any such figure above a hundred shews that births in the area have more than compensated for the deaths which have taken place during the same period.

For the fourth year in succession the vital index for Seaford has fallen below a hundred, indicating that the number of Seaford inhabitants who have died has exceeded the number of births to Seaford mothers. It seems probably that this trend will continue for a number of years,as Seaford is becoming more well-known as an ideal spot for those seeking a few years peace in healthy and beautiful surroundings when they have reached the age of retirement from their employment. The town is equally popular among those seeking new homes for health reasons.

Maternal Mortality

For the fourth year in succession no mother resident in Seaford has died in or in consequence of,childbirth, while only two maternal deaths have occurred in the past eight years. During the eight year period 1,000 births took place. There is no doubt that the very low maternal mortality rate throughout the country as a whole,which for the year 1952 was eight per million women between the ages of 15-44 or one in 125,000, is due to the intensive drive to reduce maternal mortality which has been conducted by the health authorities of the country during the last few years. The drive has taken many forms and includes the provision of ante-natal clinics, the improvement of standards of training for midwives, the improvement of obstetric methods and the use of many new drugs.

Infantile Mortality

During the year 1952 one infant under one year of age died in Seaford. When giving consideration to the infantile mortality rate, particularly when comparing the rate for the Urban District with that for the country as a whole, it must always be borne in mind that the figure for the country is based on numbers, both of infantile deaths and related live births,sufficiently large to enable the rate to have much

statistical significance. This, however, is not the case so far as any selected year in the Urban District is concerned, as usually less than 150 live births take place during the year and four or less infantile deaths in the same period. It will thus be seen that one death more or less will lead to a very large variation in the infantile mortality rate for the Urban District, and the only way in which a true comparison can be made with the rate for the country as a whole is to compare the average figure for Seaford over a period of years with the average figure for the country as a whole during the same period.

In the past eight years 24 deaths of infants under one year of age have occurred and this total gave an infantile mortality rate of 24.56 per 1,000 related live births. During the same period the average yearly rate for the whole of England and Wales was 35.37 per 1,000 related live births.

BIRTH RATE

The crude birth rate for the year under review was 9.19 per 1,000 population. This rate is almost exactly one-third of the crude rate for 1944, since which date the annual figure has, with one exception, steadily declined. While it is accepted that the annual birth rate in war time and in the years immediately after is always higher than in other years, the drop which has occurred in the Seaford birth rates is considerably greater than that for England and Wales. This is no doubt due in part to the larger proportion of middle-aged and elderly retired people who made their homes in Seaford. An abnormally large school population must of course, also have its effect on the rate for the town as a whole.

An area comparability factor of 1.28 is applicable to the birth rate in the town. This factor is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted birth rate of 11.76 per 1,000 population.

DEATH RATE

The death rate for the year under review was 13.93 per 1,000 population, the death rate for England and Wales for the same period being 11.30 per 1,000 population. The reasons for the rather high death

rate are no doubt the same as those discussed in the preceding paragraph.

An area comparability factor of 0.80 is applicable to the crude death rate of 13.93 per 1,000, and this gives an adjusted figure of 11.14 per 1,000 population which is slightly less than the rate for England and Wales for the same period.

As has been the case since 1949, the death rate per 1,000 population is in excess of the birth rate. It is to be hoped that easing of restrictions on building will shortly enable a greater number of new homes to be erected than has been possible for some while past. This in turn may introduce a younger element into the town.

CAUSES OF DEATH

	Male	Female	Total
Heart Disease	25	31	56
Vascular Lesions of Nervous System	11	21	32
Cancer	7	8	15
Circulatory Disease other than mentioned elsewhere	3	3	6
Pneumonia	1	3	4
Hyperplasia of prostate	2	-	2
Tuberculosis, respiratory	1	-	1
Tuberculosis, other	-	1	1
Infective and Parasitic Diseases other than shewn elsewhere	1	-	1
Bronchitis	1	-	1
Ulcer of Duodenum and Stomach	1	-	1
Gastritis, enteritis and diarrhoea	-	1	1
Accidents other than motor vehicle accidents	1	-	1
Other defined and ill-defined diseases	8	14	22
	62	82	144

As happens in most years, the chief causes of death were heart disease, vascular lesions of the nervous system, and cancer.

The highest age at death was .... 97 years.

The lowest age at death was .... 9 hours.

The average age at death was .... 74 years.

SPECIFIC CAUSES OF DEATH

Heart Disease

As is usual in Seaford and, indeed, in most areas, heart disease heads the list of causes of death. In the past this has by no means always been the case but nowadays many of the former killers have been reduced to comparative impotence by modern methods of prevention and cure. The heart is a muscular organ approximately the size of a clenched fist, which acts as a pump, forcing the blood at the rate of nine to ten tons a day through the body's circulatory system and pumping day and night, without intermission, at the average rate of 70 strokes a minute.

Even the most perfect of machines will wear out in time, and the heart is no exception. Thus, as fewer and fewer deaths from other causes occur, the occasion more frequently arises when the heart simply wears out from old age and associated disease, resulting in yet another cardiac death.

Apart from this "wearing-out" process, there are several kinds of heart disease. One type of congenital heart disease, due to a fault in the heart at birth is found in "blue babies" who, thanks to modern surgery have a better chance of living nowadays than was the case a few years ago. Various infections also give rise to diseases of the heart. Rheumatic fever is an infection which gives rise to heart disease as an end result in some cases. Prompt medical care and a long period in bed may, however, lead to a complete recovery. Heart disease is often due to blood-vessels of the heart becoming damaged or blocked, and angina pectoris and coronary thrombosis are examples.

In many types of heart disease present-day medical knowledge and treatment give to the patient a very good chance of living a useful, normal life, quite probably for as long a span as can be expected by those not suffering from the illness.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage cerebral embolism and thrombosis, and other less well defined vascular lesions. A total of thirty-two deaths in Seaford were classified under this heading during 1952, eleven of which were males and twenty-one

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females. Most of these deaths occur amongst elderly persons and most were due to the degeneration which takes place in the blood vessels in persons of advanced age.

Cancer

Fifteen persons died of cancer in Seaford during 1952. Seven of the deaths were of males and eight of females. It is a tragic circumstance that although in some forms of cancer the chances of cure are immensely improved if the disease is discovered and treated at an early stage, the opportunity is often missed through the fear of the sufferer which causes him to delay visiting a doctor until the condition is too well-established. It cannot be too strongly emphasised that many forms of cancer are curable if diagnosed and treated at an early stage,particularly cancer of the breast in women, or cancer of the skin.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1952. Provisional figures based on Quarterly Returns.

	England and Wales.	160 County Boroughs and Great Towns (including London.)	160 Smaller Towns (Resident Population 25,000 - 50,000 at 1951 census)	London Administrative County.	Seaford 1952 Population 10,340
	Rates per 1,000 Home Population				
Births: Live	15.3	16.9	15.5	17.6	9.19
Still	(0.35	0.43	0.36	0.34	0.39
	(22.6(a)	24.6(a)	23.0(a)	19.2(a)	40.40
Deaths: All Causes	11.3	12.1	11.2	12.6	13.93
Typhoid and paratyphoid	0.00	0.00	0.00	-	0.00
Whooping Cough	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.19
Influenza	0.04	0.04	0.04	0.05	0.00
Smallpox	0.00	-	-	-	0.00
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.00	0.01	0.00
Pneumonia	0.47	0.52	0.43	0.58	0.39
Notifications (Corrected					
Typhoid fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid fever	0.02	0.02	0.03	0.01	0.00
Meningococcal infection	0.03	0.03	0.03	0.02	0.00
Scarlet fever	1.53	1.75	1.58	1.56	0.68
Whooping cough	2.61	2.74	2.57	1.66	0.00
Diphtheria	0.01	0.01	0.03	0.01	0.00
Erysipelas	0.14	0.15	0.12	0.14	0.29
Smallpox	0.00	0.00	0.00	-	-
Measles	8.86	10.11	8.49	9.23	0.58
Pneumonia	0.72	0.80	0.62	0.57	0.58
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.00
Non-paralytic	0.03	0.03	0.02	0.03	0.00
Food poisoning	0.13	0.16	0.11	0.18	0.00
Puerperal pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	0.00
		Rates per 1,000 Live Births			
Deaths					
All causes under 1 yr of age.	27.6(b)	31.2	25.8	23.8	10.53
Enteritis and diarrhoea under 2 years of age.	1.1	1.3	0.5	0.7	0.00

Maternal Mortality in England and Wales

Intermediate List No & Cause	Number of Deaths	Rates per 1,000 Total (live and Still) Births	Rates per million women aged 15-44	Seaford 1952
A115 Sepsis of pregnancy childbirth and the puerperium	61	0.09	-	0.00
(Abortion with toxaemia	13	0.02	1	
A116 (Other toxaemias of (pregnancy and the (puerperium	147	0.21		
A117 Haemorrhage of pregnancy & childbirth	59	0.09		
A118 Abortion without mention of sepsis or toxaemia	31	0.04	3	
A119 Abortion with sepsis	47	0.07	5	
A120 Other complications of pregnancy, childbirth and the puerperium	138	0.20		

(a) Per 1,000 Total (Live and Still) Births. (b) Per 1,000 related live births

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

One Sanitary Inspector carries out his particular duties in the Urban District of Seaford.

Laboratory Facilities

The Public Health Laboratory, established at the Royal Sussex County Hospital, Brighton, has proved of great assistance during the year.

The Laboratory has carried out for the Urban District, free of charge, the examination of sputum, nose and throat swabs, and has also undertaken the examination of ice-cream and milk. Altogether the Laboratory carried out 95 different examinations for the Urban District during the year under review. This service is extremely valuable both to your Medical Officer of Health and to the medical practitioners practising in the district. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organism causing tuberculosis and is also of great use in detecting any infective organisms in milk, ice-cream or foodstuffs generally.

Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses one ambulance in the town and, by arrangement with the Urban District Council, office accommodation is provided in the Municipal Buildings for the staff of two drivers. During 1952 this vehicle was available for the conveyance of both infectious and non-infectious cases and arrangements were in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. If a further call is received while the ambulance is out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

The East Sussex County Council provides facilities for the transport of tuberculous cases.

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Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

Hospitals.

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation. The accommodation in the area remains materially the same as it was prior to the passing of the Act.

Clinics and Treatment Centres

Treatment centres have been provided as previously and an immunisation clinic has been held on the first Thursday of each month, with the exception of August, at the Nurses' Home, 15, Sutton Road. This has proved very successful and was well attended.

Provision for the Care of Mental Defectives

The East Sussex County Council administers the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. Introduction

The general office of the Public Health Department is shared by the Ambulance personnel, the Fuel Overseer (a part-time officer) and a full time Public Health Clerk. Naturally this does increase the work of the department inasmuch as in the event of the services of the Ambulance being required in the absence of the personnel on duty,arrangements have to be made for Newhaven or Lewes Ambulance to deal with the call.

With regard to the Fuel Overseer,all telephone calls have to be answered by the Public Health Clerk and in the absence of that officer, both telephone and personal enquiries regarding fuel attended to. There are however compensations inasmuch that information regarding accommodation and change of address of persons on the Council's housing list has been gained in this way during the year.

2. Staff

During the year under review the staff of the department consisted of myself,one clerical assistant and one part-time Rodent Operator,the latter assisting in fumigations and disinfections.

3. Rehousing

At the 1st January 1952 the Housing Waiting List consisted of 346 applicants. This does not include 67 families in temporary accommodation such as requisitioned premises and huts or 10 families in pre-fabricated bungalows.

During the year 63 new applications were received.

The number of families from the waiting list rehoused in either permanent or requisitioned premises was 39.

The Council have considered that the time had arrived when there should be a gradual reduction in the number of requisitioned premises, derequisitioned 8 properties during the year. This necessitated the rehousing in permanent or other requisitioned premises of 17 families.

In addition to the movement of families shewn above, it was necessary,for various reasons,to transfer seventeen families from one property to another.

Thirty-nine applicants were removed from the list as they found their own accommodation or left the district.

At the 31st December 1952, the waiting list consisted of 331 applicants, which did include the 50 families in temporary accommodation.

The department's work in connection with rehousing includes the receipt of applications, pointing up under the Council's scheme and the continuous revision involved. It also involves the preparation of lists of applications for the attention of the Housing Selection Sub-committee, and the keeping of all records.

This involved 669 interviews; 1,060 letters and 14 inspections.

The number of interviews and letters was the highest in any year.

Applicants are naturally anxious to know their position on the waiting list from time to time, especially when many months have elapsed since application was first made, although there are quite a number who despite being told of the housing position, think that they should have accommodation within a matter of a week or so from their first application.

Whereas the applicants can only view the matter from their own particular need and think their case to be one for urgent consideration, this may not necessarily be so when the whole of such cases are under review.

With reference to persons rehoused in requisitioned premises, whilst these are eagerly accepted as representing something a little better than what they were occupying in the majority of cases, they are not in occupation many weeks before a system of periodical enquiries, both personal and by letter, is in operation when the drawbacks of such accommodation and the need for a permanent house are emphasized.

4. Rodent Control

Survey and action, as necessary, in connection with rodent control was continued during the year, and for this purpose a part-time Rodent Operator was employed four hours each day for six days per week under the supervision of the Sanitary Inspector.

As in previous years, free service to private dwelling houses was in operation and again proved successful. Generally, the co-operation of occupiers was a great factor in achieving results.

Five hundred and twenty-one visits were made and 441 properties inspected, of which 80 were found to be infested.

From time to time the Council's sewers were inspected at various points and no evidence of rats was found.

The Council's house refuse dumps were examined periodically and action taken when found to be necessary.

5. Petroleum

Fourteen licences were issued for the storage of petroleum for the year. One installation was closed down during the year.

Twenty-eight inspections were made in this connection.

5. Milk

At the 1st January, 1952, there were 5 Purveyors of milk in the Urban District.

The following licences for the sale of graded milks were issued:-

5 Pasteurised (sale only)
4 Tuberculin Tested
1 Accredited

All premises were kept in a clean condition and were limewashed or cleansed as necessary.

Three milk samples were obtained and submitted for biological examination and all were found to be negative.

One pasteurised milk sample was obtained and submitted for bacteriological test and was found to conform to the standard test.

7. Fried Fish Shops

From time to time the two Fried Fish Shops were inspected and were found to be kept in a clean condition. No complaints of alleged nuisance were received.

8. Bakehouses

The two bakehouses were inspected periodically and were at all times found to be kept in a clean condition. The necessary limewashing or cleansing was carried out at the required times.

9. Ice-cream

Ice-cream was manufactured in two establishments only, one of which was using cold mix.

Two premises were registered during the year for the sale and storage of ice-cream, making a total of 37.

Eight ice-cream samples were obtained and submitted for bacteriological examination with the following results:-

2	Grade I	2	Grade II
2	Grade III	2	Grade IV

Whilst this indicates that in accordance with the official tests, 4 samples were satisfactory, it is only fair to state that 2 in Grade III and one in Grade IV were of reputable manufacture, wrapped, and kept under satisfactory conditions. These were taken on a hot summer's day and no means were available to keep them cool on the journey to the Public Health Laboratory, Brighton.

10. Food Premises and Food

All premises where food is prepared and/or offered for sale were frequently inspected during the period under review and in all cases due care was being observed in the handling and preparation of foodstuffs.

Although no organised campaign was undertaken, advantage was taken of opportunities to suggest improvements and the reasons for such suggestions were given.

The following foodstuffs were found to be unfit for human consumption and were in all cases voluntarily surrendered:-

Defective and Blown Tins

4 jars Pineapple. (Pierced metal tops causing decomposition of contents)
13 tins Oranges.
5 tins Tomato Paste.
63 tins Red Cherries.
2 7 lb. tins Apples.
1 7 lb. tin Gooseberries.
16 tins 59 lbs. 9 ozs. Pork Luncheon Meat.
1 tin Jellied Veal. (6 lbs)
2 tins Brisket. (8 lbs)
13 tins Ham. (128 lbs. 8 ozs)

Out of condition

3 packets Cheese Spread.

Bone Taint

17 lbs. Smoked Bacon.

Body Heating

43 lbs. Loin & Leg of Mutton.

Contaminated by Dirt

14 lbs. Fig-bar Biscuits.

Decomposition

3 stone Mackerel
6 stone Kippers
2½ " Golden Cullets
46½ lbs. Prawns
25 lbs. Pork Sausages
2 stone Fillets.

11. Caravans

The licensed caravan site again proved very popular during the season and was run in a very satisfactory manner. The site was visited frequently and it was at all times found that the terms of the licence were being adhered to and that the site was in a clean condition.

12. Inspections

	Primary Inspections	Re-Inspections	Total Visits
Housing.	8	4	12
Dairies.	5	5	10
Food Shops and Restaurants.	35	-	35
Food Condemnation.	36	-	36
Drainage - Nuisances.	7	2	9
Drainage - Test on Request.	3	5	8
Drainage - New Buildings etc.	45	90	135
Disinfection - Infectious Diseases.	7	7	14
Inspections - Infectious Disease.	8	-	8
Disinfections - on Request.	4	4	8
Inspections - Miscellaneous *	19	-	19
Piggeries.	3	11	14
Dumps.	4	4	8
Rodent Control.	441	80	521
Bakehouses.	2	4	6
Petroleum.	14	14	28
Dustbins.	7	7	14
Factory Inspections.	32	-	32
Fried Fish Shops.	2	4	6
Public Conveniences.	16	16	32
Rehousing Inspections.	14	-	14
Caravan Site.	1	15	16
Caravans and Camps.	1	1	2
Water Closets.	1	2	3
	715	275	990

* Included in the Miscellaneous Inspections are inspections of private premises in connection with applications for catering licences. Complaints and inspections in connection with smoke nuisances, flies, smells and the keeping of chicken and rabbits etc., are also included.

13. Number of Notices served and complied with

The following action was taken to secure the abatement of nuisances and housing defects:-

Number of Informal Notices served.	10
Number of Informal Notices complied with.	9
Number of Statutory Notices served.	2
Number of Statutory Notices complied with, including one undertaking accepted.	2

14. General

General letters, reports, returns, memoranda etc.	261
Conferences with Chairmen of Committees and Officers of the Council as necessary from time to time.	146
Meetings attended.	46

SECTION IV

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Infectious Diseases

In all, 22 cases of infectious disease were notified in Seaford in 1952. The details are as follows:-

Disease	Cases Notified	Cases Admitted to Hospital	Deaths
Scarlet Fever	7	1	-
Pneumonia	6	-	-
Measles	6	-	-
Erysipelas	3	-	-
	22	1	-

Scarlet Fever

Only one of the seven cases of scarlet fever which occurred in the District during 1952 was admitted to hospital. The admission was made not because of any exceptional severity of the case, but owing to the fact that satisfactory isolation could not be arranged at home. A rather larger number of cases of scarlet fever were notified in the Urban District during 1952 than has been the case for some years past. While they have been of no particular severity, the increased incidence tends to emphasise the warning contained in my annual report for 1951 that a complacent attitude of mind must not be permitted to develop in connection with the illness. In the past the severity of scarlet fever has waxed and waned over comparatively long periods and, although it is to be hoped that the use of modern drugs and improved methods of treatment will greatly modify the ill-effects of any increase in severity which may occur in future, nevertheless the greatest care must be exercised to ensure that benefits ensuing from the use of the greatly improved weapons of modern science are not nullified by lack of care and proper precautions by any concerned in the treatment of the disease.

Pneumonia

Six cases of pneumonia were notified during the year under review, none of which were sufficiently serious to require admission to hospital. All cases notified made satisfactory recoveries.

Measles

Only six cases of measles were notified in the Urban District during 1952. This is a very small number even for a year of low incidence. All of the six cases were treated at home and made rapid and uneventful recoveries. It is seldom of use to admit a case of measles to an isolation hospital in an effort to avoid the spread of the disease, as unfortunately the period during which the patient is infectious has usually expired before a doctor is called in.

The chief dangers which may arise from measles are due not so much to the illness itself,which is usually of a mild nature, but to the complications which may ensue. The chief of these is the possibility of pneumonia occurring. The use of penicillin and sulphadiazine has made the treatment of measles and it's complications much more effective than it was in the past. The development of sulpha drugs and anti-biotics has,in fact,brought about a dramatic reduction in the case fatality from the disease and has reduced the percentage of cases which prove fatal to approximately 0.05, or about one quarter of the percentage in 1940.

Experiments have been made in the development of forms of immunisation against the disease but at present any immunity created by their use is very temporary.

Erysipelas

Three cases of erysipelas were notified in the district during 1952. All three cases were treated at home and made uneventful recoveries. In the past, erysipelas has been a serious condition sometimes lasting for several weeks and not infrequently proving fatal. At present,in addition to the great reduction in the number of cases occurring, the length and severity of the illness has been greatly reduced and the mortality from the disease has been practically abolished by the use of sulphonamide drugs and anti-biotics. A factor which has probably been of some

importance in reducing the incidence of erysipelas is the improved standards of nutrition existing throughout all classes,as malnourished or undernourished persons are more liable to attacks of the illness than are people enjoying an adequate and well-balanced diet.

General

During the whole of 1952, only twenty two cases of infectious disease were notified in Seaford. This number is less than a quarter of the 1951 total, the difference being mainly due to the entire absence of cases of whooping cough during 1952 and the reduction of measles cases from fifty in 1951 to six in 1952.

It is pleasant to be able to record that no case of food poisoning was notified in the district during 1952. The incidence of food poisoning throughout the country as a whole has increased considerably during the last decade. This,no doubt, is due very considerably to the fact that of recent years a larger proportion of the population has taken the main meal of the day at restaurants and school or works canteens. The only method by which the incidence of food poisoning can be kept down is by teaching all concerned with the preparation of food to maintain extremely high standards of cleanliness and hygiene at all stages and the fact that no case occurred in the Urban District during 1952 reflects creditably on all those concerned.

SECTION V

Tuberculosis

In 1952, Seaford had fifteen new cases of pulmonary tuberculosis two new non-pulmonary cases. There was one death from pulmonary tuberculosis and one from non-pulmonary tuberculosis. Details are given in the following table.

1952 NEW CASES AND MORTALITY

	NEW CASES				DEATHS			
AGE PERIODS	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	1	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	2	-	-	-	-	-	-	1
20	-	1	1	-	-	-	-	-
25	4	1	-	-	-	-	-	-
35	2	1	-	-	-	-	-	-
45	1	-	-	-	-	-	-	-
55	1	1	-	-	1	-	-	-
65 and Upwards	1	-	-	-	-	-	-	-
TOTAL	11	4	2	-	1	-	-	1

Five of the new cases notified were people who were already suffering from pulmonary tuberculosis when they moved into Seaford from other areas and a further two were persons who had entered a Seaford convalescent home but whose home addresses were elsewhere. One of the non-pulmonary cases was also a transfer in from another area.

The incidence of the fifteen new cases notified in 1952 is 1.45, per 1,000 population.

The two deaths, one from pulmonary and one from non-pulmonary tuberculosis, which occurred in the Urban District during 1952,show a combined death rate of 0.19 per 1,000 population, which is low compared to the figure of 0.24 for England and Wales.

The Mass Radiography Unit operated in the area during the period from 18th to 28th July, 1952,when out of a population of 10,340, 731 persons were X-rayed. With the exception of children leaving school no persons under 15 years of age were X-rayed, the total number in this excluded group being approximately 2,700. Thus,out of a possible total of 7,410, 731 or 9.6% were X-rayed.

The following is an analysis of the results of the survey:-

	Male	Female	Total
Number of persons X-rayed	360	371	731
Number recalled for large films	20	29	49
Number found to have abnormal large films	15	21	36
Analysis of abnormal large films:			
(a) Active pulmonary tuberculosis	Nil	Nil	Nil
(b) Inactive pulmonary tuberculosis	9	11	20
(c) Malignant disease	Nil	Nil	Nil
(d) Other diseases of lung or pleura	5	6	11
(e) Cardio-vascular diseases	1	3	4

In recent years much progress has been made in the development of techniques for the early discovery and treatment of tuberculosis. These techniques include the use of mass radiography to assist in the early discovery of the disease, the pasteurisation of milk and the gradual elimination of tuberculous cattle from herds, the use of B.C.G.vaccine to protect persons known to be at risk,treatment of infected persons with streptomycin and P.A.S. and much improved surgical treatment.

There is no doubt that the combined application of these various methods of attack is resulting in a steady and considerable improvement in the position so far as the war against tuberculosis is concerned.

Unfortunately, however, our progress in combating one of the most important contributory causes of tuberculosis, namely, bad housing conditions, has been far less satisfactory. There are,luckily, indications that matters are beginning to improve in this direction and it is certainly to be hoped that this will prove to be the case,for cramped, damp and unhygienic homes are one of the most important factors leading to the contraction of the disease,while, in particular,cramped quarters make it almost impossible to prevent its spread from one member of a household to another. At the present time, many patients are kept in sanitorium who, if their home conditions were satisfactory, could be discharged, thus releasing accommodation for more serious cases. In this matter, the bad housing conditions of a patient affect not only himself and his family, but are a stumbling block in the treatment of others.

CLIMATE

The following meteorological statistics were recorded at Seaford during the year 1952:-

	Temperature			Rainfall		Sunshine	
Month	Mean °	Max. °	Min. °	Total Ins.	Heaviest Inches	Average Hours	Total Hours
January	39.3	50	22	2.63	.45	3.08	95.5
February	38.3	53	25	.99	.41	3.32	92.9
March	43.9	55	30	3.35	.65	3.41	105.7
April	49.5	71	30	1.39	.51	7.37	221.1
May	55.6	72	41	1.78	.31	7.61	235.9
June	57.9	77	42	.51	.38	8.60	258.0
July	62.2	87	47	1.03	.45	7.64	236.8
August	62.2	71	50	1.97	.50	6.47	200.6
September	54.3	69	38	3.76	1.38	5.33	159.9
October	51.1	61	33	3.53	.77	3.80	117.8
November	41.3	56	26	5.01	1.77	2.54	76.2
December	39.2	51	27	3.97	.83	2.77	85.9
Average Monthy	49.5	Annual Total		29.92	Average Monthly	5.17	Annual Total 1886.3

From the statistics quoted above it will be seen that Seaford enjoyed very good climatic conditions during 1952. There were no excessive variations in temperature, the mean temperature in January and December being only just under 40°F and that for July and August being just above 62°F. The rainfall was sufficient without being heavy and only exceeded 4" in one month, November. The total number of hours sunshine during the year was nearly 1900, which gives an average for the year of over five hours sunshine a day.